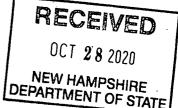


TO: +16032716316

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

	THE PROPERTY OF S
I. Name of Lobbyist(s) GREGORY MOORE	
II. Name of lobbyist's partnership, firm or corporation, if any:	
AMERICANS FOR PROSPERITY-NEW HAMPS: (Name of partnership. firm or corporation)	H ME
(Name of partnership, firm or corporation)	
Business Address: (Street) (Town/City) (State)	03/03
Business Address: (Street) (Town/City) (State)	(Zip Code)
(603) 303-9297 () e-mail GMOORE(	CAPPAQ. ORL
III. This statement covers: (Choose one – file separate reports for each client, OR you may fil reportable expense transactions which are not attributable to any one client).	e a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the fol	
AMERICANS FOR PROSPERITY - NEW HAMPSA)  (Full Name of Client as it appears on the Lobbyist Registration Form)	RE
(Full Name of Client as it appears on the Lobbyist Registration Form)	
OR .	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.	n listed below which are
IV. Date of Report	
Reports cover: activity from date of registration to 3/31/20 activity from 4/1/20 to 6/30/20	
October 28, 2020	
V. There have been no fees received and no reportable transactions made since the la lf this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 N State House, Room 204, Concord, NH 03301.	
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A- Fees and Expens	ses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report Expense Reimbursement	
If you, your firm, or your family has made political contributions, you must file Addendum C	- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foreg and complete to the best of my knowledge and belief.	
4 10/28/20 (Date)	
(Signature of labbyist) (Date)	<del></del>
(Signature of labbyist)  (Date)  (Print Name of lobbyist)	

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## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

# RECEIVED

OCT 28 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) CREGORY MOORE	
II. Name of lobbyist's partnership, firm or corporation, if any:	
AMERICANS FOR PROSPERITY - NEW (Name of partnership, firm or corporation)	HAMPSHIRE
(Name of partnership, firm or corporation)	, /
III. Name of Client	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government rincluding research, monitoring legislation, and related legal work. The gross reduced by any expenses:	elations, or public relations services
a) Total of all fees received in this reporting period	a)s 3,759.72
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$ 12,661.96 ir)
c) Total of all fees received to date (Add lines a and b)	c) \$ 18,421.68
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reported. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report mexpenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater	ient and if expenditures are made by ay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid benses; (b) the aggregate total of all meals purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); and ting period of greater than \$25.00 for the order than

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$ 91.16
c) Total of all itemized expenditures reported in detail in section VI.	c) S

restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political

contributions will be reported on separate addendums and should not be reported on Addendum A.

<ul> <li>d) Total expenses for this reporting period (Add lines a, b and c)</li> <li>e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)</li> <li>f) Total of all expenses year to date</li> <li>VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged.</li> </ul>	d) \$
Paid to:	Amount:  \$  \$
	\$ \$ S
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Print Name of lobbyist)	



Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

# RECEIVED

OCT 28 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

	GREGORY M	OORE	
			_
I. Name of lobbyist's pa	rtnership, firm or corp	poration, if any:	
AMERICANS 1	FOR PROSPER	COTY-NEW HAMPSHIRES	
(Name of pa	irtnership, firm or corporation)	1 1	
II. Name of Client	AME	Date 10/28/20	
Political Contributions		, (	
	ution that is reportable p	pursuant to RSA Chapter 664 paid on behalf of the	
lient/lobbyist and lobbyi	ing firm, indicate the fol	llowing:	
		-4	
Full name of candidate:	KICCARDI	(First Name) (Middle Name/Initial)	
	(Last Name)	(First Name) (Middle Name/Initial)	
Amount of contribution \$ _	250	Office Candidate is SeekingSEWATE	
		a description of the goods or services provided, and enter	the
t the contribution is an in-k	intribution on the line above	we for amount of contribution. If the actual cost is not known	own,
enter an estimated value and	d the word "estimate."		
Full name of candidate:	Sylenson	JASON	
Full пате of candidate:	Syverstn (Last Name)	(First Name) (Middle Name/Initial)	
		(First Name) (Middle Name/Initial)  Office Candidate is Seeking SENATE	
Amount of contribution \$ _	250	Office Candidate is Seeking SENATE	
Amount of contribution \$ _	ZSD kind contribution, provide	Office Candidate is Seeking Source  a description of the goods or services provided, and enter	the own.
Amount of contribution \$  If the contribution is an in-lactual cost of the in-kind co	kind contribution, provide ontribution on the line abo	Office Candidate is Seeking SENATE	the own,
Amount of contribution \$ _	kind contribution, provide ontribution on the line abo	Office Candidate is Seeking Source  a description of the goods or services provided, and enter	the own,
Amount of contribution \$  If the contribution is an in-lactual cost of the in-kind co	kind contribution, provide ontribution on the line abo	Office Candidate is Seeking Source  a description of the goods or services provided, and enter	the own,
Amount of contribution \$  If the contribution is an in-lactual cost of the in-kind co	kind contribution, provide ontribution on the line abo	Office Candidate is Seeking Source  a description of the goods or services provided, and enter	the own,
Amount of contribution \$  If the contribution is an in-lactual cost of the in-kind co	kind contribution, provide ontribution on the line abo	Office Candidate is Seeking Source  a description of the goods or services provided, and enter	the own,
Amount of contribution \$  If the contribution is an in-lactual cost of the in-kind co	kind contribution, provide ontribution on the line abo	Office Candidate is Seeking Source  a description of the goods or services provided, and enter	the own,
Amount of contribution \$	kind contribution, provide ontribution on the line about the word "estimate."	Office Candidate is Seeking Severite  a description of the goods or services provided, and enter we for amount of contribution. If the actual cost is not known	the own,
Amount of contribution \$  If the contribution is an in-lactual cost of the in-kind co	kind contribution, provide ontribution on the line abo	Office Candidate is Seeking Source  a description of the goods or services provided, and enter	the own,
Amount of contribution \$	kind contribution, provide ontribution on the line about the word "estimate."	Office Candidate is Seeking Severite  a description of the goods or services provided, and enter we for amount of contribution. If the actual cost is not known	own,

10/28/2020 9:15 PM FROM: Staples

TO: +16032716316

P. 11

If the contribution is an in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution on the line above for amount of contribution. If the actual center an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions on separate addendum C forms.	)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the forego is true and complete to the best of my knowledge and belief.	ing information
Symph 10/28	/20
(Signature of lobbyist) /(Date)	
(Signature of lobbyist) (Date)  CREGORY MODRE	
(Print Name of lobbyist)	



Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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OCT 28 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

	1			
I. Name of Lobbyist(s)	CREGORY	171001		
II. Name of lobbyist's pa	rtnership, firm	or corpor	ation, if any:	
Angle And F	a Ya	- Am)s	11 - A 11 - 1	11 nm perling
(Name of pa	intership, firm or con	poration)	1 1000	/ 1/2/1/-3/1/CC
UI Nome of Client	'AMZ			/AMPSHIRE Date 10/28/20
III. Name of Client	<u> </u>			Date 17 20/20
Political Contributions				1
For each political contributions/lobbyist and lobbyi				pter 664 paid on behalf of the
chenologoyist and loodyr	ng min, mulcat	te the follow	ing.	
	Runisa		DAVID	
full name of candidate:	(Last Nan	ne)	(First Name)	(Middle Name/Initial)
				is Seeking HOUSE
Amount of contribution \$ _	700		_Office Candidate	is seeking 110058
actual cost of the in-kind co			r amount of contri	bution. If the actual cost is not kr
enter an estimated value and	d the word "estim	nate."		bution. If the actual cost is not kr
enter an estimated value and	d the word "estim	nate."		
Full name of candidate:	the word "estim BAXTER (Last Nan	nate."	TiM (First Name)	(Middle Name/Initial)
enter an estimated value and	the word "estim BAXTER (Last Nan	nate."	TiM (First Name)	
Full name of candidate:  Amount of contribution \$	BAXTER (Last Nan /Ob  Aind contribution, ontribution on the	ne) , provide a de line above fo	(First Name) Office Candidate scription of the go	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$	BAXTER (Last Nan /Ob  Aind contribution, ontribution on the	ne) , provide a de line above fo	(First Name) Office Candidate scription of the go	(Middle Name/Initial) is Seeking <u>House</u> ods or services provided, and ente
Full name of candidate:  Amount of contribution \$	BAXTER (Last Nan /Ob  Aind contribution, ontribution on the	ne) , provide a de line above fo	(First Name) Office Candidate scription of the go	(Middle Name/Initial) is Seeking <u>House</u> ods or services provided, and ente
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in-kactual cost of the in-kind co	BAXTER (Last Nan /Ob  Aind contribution, ontribution on the	ne) , provide a de line above fo	(First Name) Office Candidate scription of the go	(Middle Name/Initial) is Seeking <u>House</u> ods or services provided, and ente
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	BAXTER (Last Nan /Ob  Aind contribution, ontribution on the d the word "estim	ne) , provide a de line above fo	(First Name) Office Candidate scription of the go	(Middle Name/Initial) is Seeking <u>House</u> ods or services provided, and ente
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in-kactual cost of the in-kind co	BAXTER (Last Nan /Ob  Aind contribution, ontribution on the	ne) , provide a de line above fo	(First Name)  Office Candidate scription of the goor amount of contribution of the goor amount of contribution (First Name)	(Middle Name/Initial) is Seeking <u>House</u> ods or services provided, and ente

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P. 13

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
If more than three contributions were made, report additional contributions on separate addendum C forms.)

#### Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of loobyist)

Print Name of lobbyist)



Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's pa	artnership, firm or cor	poration, if any:	4
AMERICALE	FOR PROSE	ZERITY - NEL	Date 10/28/20
(Name of pa	urtnership, firm or corporation)		) )
III. Name of Client	QMK		Date 10/28/20
	.11.50		/ /
Political Contributions For each political contrib	oution that is reportable	nursuant to RSA Chan	ter 664 paid on behalf of the
client/lobbyist and lobby			,
Full name of candidate:	WARDEN	MACK	(Middle Name/Initial)
' an name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution S _	100	Office Candidate is	s Seeking HOUSE
If the contribution is an in-	kind contribution, provide	a description of the good	ds or services provided, and enter the
		ve for amount of contribu	ution. If the actual cost is not know
enter an estimated value an	d the word "estimate."		
enter an estimated value an	d the word "estimate."		
enter an estimated value an			
enter an estimated value an			
enter an estimated value an			
enter an estimated value an			
Full name of candidate:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) Office Candidate is	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$	(Last Name)	(First Name) Office Candidate is	(Middle Name/Initial) s Seeking ds or services provided, and enter th
Full name of candidate:  Amount of contribution \$	(Last Name) kind contribution, provide	(First Name) Office Candidate is	(Middle Name/Initial) s Seeking ds or services provided, and enter th
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind co	(Last Name) kind contribution, provide	(First Name) Office Candidate is	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind co	(Last Name) kind contribution, provide	(First Name) Office Candidate is a description of the good ove for amount of contrib	(Middle Name/Initial) s Seeking ds or services provided, and enter th
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind co	(Last Name)  kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ove for amount of contrib	(Middle Name/Initial) s Seeking ds or services provided, and enter th
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind co	(Last Name)  kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ove for amount of contrib	(Middle Name/Initial) s Seeking ds or services provided, and enter th
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind co	(Last Name)  kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ove for amount of contrib	(Middle Name/Initial) s Seeking ds or services provided, and enter th
Full name of candidate:  Amount of contribution \$	(Last Name)  kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ove for amount of contrib	(Middle Name/Initial) s Seeking ds or services provided, and enter th
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind co	(Last Name)  kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ove for amount of contrib	(Middle Name/Initial) s Seeking ds or services provided, and enter th ution. If the actual cost is not know
Full name of candidate:  Amount of contribution \$	(Last Name)  kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ove for amount of contrib	(Middle Name/Initial) s Seeking ds or services provided, and enter th ution. If the actual cost is not know

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P. 15

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions on separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	
Girmature (Signature) 10/28/20	_
(Signature of lobbyist)  (Date)  (Print Name of lobbyist)	